UNIVERSITY AT BUFFALO GIVING FORM

Gift Agreement

Please accept my gift of: \$	LOYAL BL	LOYAL BLUES LEVELS	
Please use this gift for:	Guardian	\$5.000+	
UB Fund	Champion	\$2,500-\$4,999	
Department, program or fund name:	Leader	\$1,000-\$2,999	
	Advocate	\$500-\$999	
- Signature*	- Patron	Gifts up to \$499	

Personal Information

First Name*		Middle Name	Last Name*	
Email*		Telephone (Area Code)*		
Street 1*		Street 2		
City*	State or Province*		Zip or Postal Code*	
Country if other than U.S.				

I am giving jointly with my spouse/partner: _

Payment Method

My one-time gift is enclosed. (Payable to UB Foundation, Inc.).	I would like to make this gift in honor/memory
Make this a monthly gift of \$ until further notice.	of someone. (Please complete reverse side.)
Make this an installment gift in the amount of \$	My/my spouse/partner's employer will match my gift.
Credit Card** 🔲 Monthly 🗌 Quarterly	Employer:
Bill Me 📃 Monthly 🗌 Quarterly	For more informotion: buffalo.edu/giving/matching
\$5 minimum charge. **Credit cards are charged on/around the 15th of each month.	□ I would like to learn more about including UB in my will.

Credit Card Payment

Credit Card Number* Month/Year* Expiration Date* Security Code* t

HONOR/MEMORIAL GIFTS

Gift Information

My gift is in honor of: _		
My gift is in memory of	of:	

Please notify the following person of my honor/memorial gift:

First Name*	Middle Name	Last Name*
Street 1*	Street 2	
City*	State or Province*	Zip or Postal Code*

*Required

You can make your gift online at **buffalo.edu/campaign.** You can make your gift over the phone by calling toll free **855-GIVE-2-UB.**

More information regarding charitable organizations can be obtained by contacting the New York State Office of the Attorney General at **https://ag.ny.gov/** or by calling **(914) 422-8700.**





Please mail or fax this form to: University at Buffalo Foundation Inc. PO Box 730 Buffalo, NY 14226-0730 Fax: 716-645-3475